

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		3					58						
9		3					59						
10	1						60						
11		1					61						
12		1					62						
13		1					63						
14		1					64						
15		1					65						
16		2					66						
17		2					67						
18		2					68						
19		2					69						
20		2					70						
21	1	2					71						
22	1						72						
23	1						73						
24	1						74						
25	1						75						
26		1					76						
27		1					77						
28		1					78						
29		1					79						
30		1					80						
31		1					81						
32		3					82						
33		3					83						
34		3					84						
35		3					85						
36	1						86						
37	1						87						
38	1						88						
39	1						89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		3					95						
46		3					96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	10						TOTAL IND.						
TOTAL DEP.	58						TOTAL DEP.						
TOTAL CLAIMS	68						TOTAL CLAIMS						